

SURVEY FORM

PREHOSPITAL PARTICIPATION GRANT - FY 06 Trauma Care Funding Act of 1997

Agency Name:_____

Agency Number (License Number):_____

Agency Contact:_____

Agency Phone Number:_____

Please list below the items on which this agency will use the 2006 Prehospital Participation Grant funds.

1.

2.

3.

Etc. (as applicable)

Please return this survey along with the A-19 for payment of the grant to:

Office of EMS & Trauma System
Attn: Justin Hahn
PO Box 47853
Olympia, WA. 98504

Thank you for your service in the Washington State

EMS and Trauma System!